



23rd Annual conference of INDIAN ACADEMY OF NEUROLOGY

Under aegis of Agra Academy of Neurology Society



REGISTRATION FORM

IANCON 2015, Agra

October 1-4, 2015

To be filled in CAPITAL LETTERS

Membership Number :

Name: (as printable on badge)

Sex:(M/F) Age: Date of birth:.....(optional)

Address:.....

City:Pin Code:State/Country:

Phone (Office):(Residence):Meal Preference : Veg / Non Veg / Jain

Mobile:Email id:

Please affix a
passport size
photo

REGISTRATION FEE (Indian Rupees)

	Upto 31 st March 2015 (Early Birds)	Upto 15 th June 2015 Regular	Upto 31 st July 2015 Late	After 31 st July 2015 & Spot
Members	2,500/-	5,000/-	9,000/-	10,000/-
Non Member/ SAARC Countries	7,000/-	10,000/-	15,000/-	20,000/-
Residents*	1,500/-	2,000/-	3,000/-	4,000/-
Overseas	\$300	\$350	\$400	\$500

→ Spot Registrations will get delegate Kit depending on the availability

→ For assistance in accommodation, please email to the secretariat.

→ Residents must enclose NOC from HOD.

Fee payable:

Fee payable in words: Rupees.....

Please find enclosed herewith a Cheque / Pay Order / Bank Draft No. Dated.....

for INR / USD drawn on (name of Bank)..... in

favour of "IANCON 2015" payable at AGRA.

Date.....

Signature.....

Prof P. K. Maheshwari, Organizing Secretary,

5, Jawahar Nagar Colony, Behind Prem Food Court, Bye Pass, NH-2, Agra-282 002.

Helpline: 09810084342, Email: info@iancon2015.com, Web: www.iancon2015.com